

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 81740 669  
APPLICANT(S) /

FILING DATE 12-18-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	/					
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TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

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